

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	WERKWIJZE VOOR HET VORMEN VAN EEN KUNSTSTOFPLAAT ALSMEDE KLEM DAARVOOR
Attorney Docket Number::	2001-1272
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: JAAP
Middle Name:: WILLEM
Family Name:: VAN INGEN
City of Residence:: KAMPEN
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing HOFSTRAAT 112
Address::
City of Mailing Address:: KAMPEN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-8216 BW

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: MICHAEL
Middle Name:: LAURENCE SYLVESTER
Family Name:: WIELANDT
City of Residence:: HAARLEM
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing BOERHAAVELAAN 858
Address::
City of Mailing Address:: HAARLEM
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS

Postal or Zip Code of Mailing Address:: NL-2035 RC

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NETHERLANDS	1021087	7/16/02	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::